



CONNECTICUT PHARMACISTS ASSOCIATION

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Testimony Before the
Public Health Committee
Wednesday
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Re: HB 6976 AAC Chronic Care Management

Good Morning Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Margherita Giuliano. I am a pharmacist and executive vice president of the Connecticut Pharmacists Association. I am here today in support of HB 6976 AAC Chronic Care Management.

Across the country, the profession of pharmacy is well positioned to take on the broader responsibilities of patient care. As is evident by the transition from the BS degree to a Doctor of Pharmacy degree, the practice of pharmacy has become more patient focused. A comprehensive approach to healthcare encouraging the collaboration of health care providers can only improve the quality, efficiency and cost-effectiveness of medical care. With the integration of electronic medical records and e-prescribing, technology will play an important role in enabling pharmacists to use their expertise in managing a patient's drug therapy.

The Connecticut Pharmacists Association submitted legislation in the late 1990's to manage adult Medicaid patients with asthma. The legislature did not support this legislation because it had a "cost" associated with it. I am pleased that the state and the payers are finally recognizing the value in disease state, chronic care management. It is clearly documented that problems resulting from medications cost more than the medications themselves. Pharmacists are in an ideal position and have the expertise to ensure that patients are educated on their medications and are using them properly.

Mr. Starkowski recognized the value that pharmacists brought to the table when he contracted with our network of pharmacists to review patient's medications before enrolling in the appropriate Medicare Part D plans. Imagine how cost effective our health care system would be if we utilized pharmacists to their potential.

The New York Times recently published an article singing the praises of pharmacists as a "Diabetes Coach". The now well known much talked about "Asheville Project" that

started in North Carolina and focuses on patients with diabetes, saves \$4 dollars for every dollar spent on medicines or counseling about medicines, diet, exercise and lifestyle.

What makes the Asheville project unique is that at the end of the first year of the program, half of the participants had their blood sugar under control and at the end of the third year that number increased to two-thirds of the original group. Much of this success is because of the role that pharmacists played. They are the most accessible health care provider and are rooted in the communities.

I too sat through the 5 hours of testimony on Monday regarding healthcare and health information. I was thrilled to see that insurers place great value in the work of the Lewin Group because in 2005, the Lewin Group issued a report entitled "Medication Therapy Management Services: A Critical Review." In this report, they stated that "patients find that pharmacists are approachable and better prepared to spend time answering questions as 'How can I better manage my diabetes and the medications I am taking to control it?'" The report also indicated that physicians realize that pharmacists can be a valuable partner in managing their patients with chronic disease. In the case of patient wellness, Medication Therapy Management activities could improve patient health outcomes, possibly lessen the need for additional medications and ensure that appropriate medications are taken correctly. Overall, the Lewin Group found that MTMS leads to improved health outcomes and cost reductions.

This is the pharmacist's area of expertise. This is where we can have the greatest impact on controlling costs and improving care. We look forward to the opportunity to work with you in this effort.

Thank you

NEW YORK TIMES

December 30, 2006

New Job Title for Druggists: Diabetes Coach

By IAN URBINA

ASHEVILLE, N.C. — In an office behind the Hershey's candy rack at a Kerr Drug here, Stuart Rohrbaugh shifts in his chair as his pharmacist stares at a dangerously high blood sugar reading from last month.

"I think that was the day a buddy of mine brought over his home-brew beer," stammers Mr. Rohrbaugh, whose diabetes was diagnosed six years ago.

Silently, the pharmacist lifts her eyes, sending Mr. Rohrbaugh's gaze to the floor.

"I know, I know," he says.

Mr. Rohrbaugh, 37, learned relatively late in life that he had Type 1 diabetes, a malfunction of the immune system that usually surfaces in childhood. There are hundreds in Asheville with that type, and even more with the more prevalent Type 2, which often hits as a consequence of obesity or age.

And so in this town of 75,000, where people like to use sugar in their coffee and in their iced tea, and as a term of endearment, Mr. Rohrbaugh and the others face the formidable challenge of either managing their diabetes or suffering its potential ravages: blindness, organ failure, stroke.

In trying to meet that challenge, the kind of polite browbeating that Mr. Rohrbaugh faced at his local pharmacy seems to be paying off.

“When you have to answer to someone each month, you think twice before eating what you shouldn’t,” said George Ledford, 69, who joined the program five years ago.

The fifth deadliest disease in the nation, diabetes costs more than \$130 billion per year in medical expenses and lost productivity in the workplace. While there is no cure, patients can delay or prevent complications by using medications properly and adjusting their diet and exercise routines.

But the efforts to help people change their lifestyles are complicated by a health care system in which insurers typically do not reimburse doctors for the kinds of counseling and monitoring that might keep patients on track.

So the Asheville experiment has enlisted pharmacists in its model. They serve as coach, clinician and cheerleader for patients, and they earn a fee for each session.

“Once you have a sense of what motivates them, you set little goals each visit and then build on them,” said Dana K. Arrington, a clinical pharmacist at Kerr Drug who sees at least one diabetes patient a day.

“This month, get on the treadmill once a week for 15 minutes. Next month, we write down each time you take your pills. Then switch from whole to skim milk. It’s a slow process if you want it to stick.”

While diabetics have often shown significant improvements in controlling their blood sugar soon after taking diabetes education classes, they typically relapse within three months, according to a study released in March 2003 by the Journal of the American Pharmaceutical Association. The report was co-written by Carole W. Cranor, a pharmacoeconomist who was then at the University of North Carolina, Chapel Hill.

What makes the Asheville Project unusual, the study found, is that at the end of the first year of the program, half the participants had their blood

For the past 10 years, the city of Asheville has given free diabetes medicines and supplies to municipal workers who have the disease if they agree to monthly counseling from specially trained pharmacists. The results, city officials say, have been dramatic: Within months of enrolling in the program, almost twice as many have their blood sugar levels under control. In addition, the city's health plan has saved more than \$2,000 in medical costs per patient each year.

There are at least 21 million diabetics in the United States, and health officials have begun to despair of combating the disease because it involves getting people to do something much more difficult than taking their medicine or having surgery: altering their daily behavior, like their eating and exercise habits.

But amid this gloom, Asheville's public health experiment is something of a ray of hope, an example, however modest, of the kind of house-to-house, block-to-block battle that can win results and save lives in the face of a disease that has resisted quick-fix solutions.

Indeed, in recent years, about 40 other employers across the country — private companies or municipalities — have adopted versions of the program.

"We get a four-to-one return on investment," said Barry Bunting, pharmacy director at Mission Hospitals, which runs the program in Asheville for about 450 city and hospital employees. For every dollar spent on medicines or counseling about diet, exercise and lifestyle, he said, the city saves \$4 by preventing emergency room visits, dialysis, amputations or other common complications of diabetes.

During the first five years of the program, participants took an average of six sick days from work a year, half the number of previous years. Within three years of enrolling in the program, patients had halved their chances of going blind or needing dialysis or an amputation, a founder of the program said.